

COMPLIANCE CHECKLIST

► Adult/Pediatric Critical Care Units

The following Checklist is for plan review of hospital facilities, and is derived from the AIA/HHS Guidelines for Design and Construction of Health Care Facilities, 2006 Edition (specific sections indicated below), appropriately modified to respond to DPH requirements for projects in Massachusetts which include Hospital Licensure Regulations 105 CMR 130.000 and Department Policies. Applicants must verify compliance of the plans submitted to the Department with all the requirements of the AIA/HHS Guidelines, Licensure Regulations and Department Policies when filling out this Checklist. The completed DPH Affidavit Form must be included in the plan review submission for Self-Certification or Abbreviated Review Part II. A separate Checklist must be completed for each critical care unit.

Other jurisdictions, regulations and codes may have additional requirements which are not included in this checklist, such as:

- NFPA 101 Life Safety Code (2000) and applicable related standards contained in the appendices of the Code.
- State Building Code (780 CMR).
- Joint Commission on the Accreditation of Health Care Organizations.
- CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities.
- Accessibility Guidelines of the Americans with Disabilities Act (ADA).
- Architectural Access Board Regulations (521 CMR).
- Local Authorities having jurisdiction.

Instructions:

1. The Checklist must be filled out completely with each application.
2. Each requirement line (____) of this Checklist must be filled in with one of the following symbols, unless otherwise directed. If an entire Checklist section is not affected by a renovation project, "E" for existing conditions may be indicated on the requirement line (____) before the section title (e.g. E PATIENT ROOMS). If more than one space serves a given required function (e.g. patient room or exam room), two symbols separated by a slash may be used (e.g. "E/X"). Clarification should be provided in that regard in the Project Narrative.

X = Requirement is met, for new space, for renovated space, or for existing support space for an expanded service.	<input checked="" type="checkbox"/> = Check box under section titles or individual requirements lines for optional services or functions that are not included in the health care facility.
E = Requirement relative to an existing suite or area that has been <i>licensed</i> for its designated function, is <i>not affected</i> by the construction project and <i>does not pertain to a required support space</i> for the specific service affected by the project.	W = Waiver requested for Guidelines, Regulation or Policy, where hardship in meeting requirement can be proven (please complete Waiver Form for each waiver request, attach 8½" x 11" plan & list the requirement reference # on the affidavit).
3. Mechanical, electrical & plumbing requirements are only partially mentioned in this checklist. Section **2.1-10** of the Guidelines must be used for project compliance with all MEP requirements and for waiver references.
4. Oxygen, vacuum & medical air outlets are identified respectively by the abbreviations "OX", "VAC" & "MA".
5. Text items preceded by bullets (▪), if included, refer to the recommendations of the Appendices of the Guidelines, and are DPH recommendations only. No symbol is expected for these items.
6. Requirements referred to as "Policies" are DPH interpretations of the AIA Guidelines or of the Regulations.
7. Reference to a requirement from the AIA Guidelines in any waiver request must include the chapter number (e.g. "**2.1-**") and the specific section number.

Facility Name:

DoN Project Number: (if applicable)

Facility Address:

Critical Care Unit Bed Complements:

Current = Proposed =

Satellite Name: (if applicable)

Building/Floor Location:

Satellite Address: (if applicable)

Submission Dates:

Initial Date:

Revision Date:

Project Description:

Note: All room functions marked with "X" must be shown on the plans with the same name labels as in this checklist.

ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS****COMMON REQUIREMENTS****3.4.1.4****ACCESS**

- (1) ☐ Convenient access from: emergency dept, respiratory therapy, laboratory, radiology, surgical suite
- (2) ☐ Prompt access by emergency resuscitation teams
- (3) ☐ Space arrangement allows access of emergency equipment from other departments
- (4) ☐ Located to avoid through traffic

3.4.2.1**PATIENT BED AREAS**

- (1)(2) ☐ Min. 200 sf per patient in private rooms, cubicles or multibed spaces
- ☐ Min. 13'-0" headwall width
- Clearances
- ☐ Min. 5'-0" at foot of bed
- ☐ Min. 5'-0" at transfer side
- ☐ Min. 4'-0" at other side
- ☐ Min. 8'-0" between patient beds in multibed spaces
- ☐ ☐ check if no multibed space in project
- (3) ☐ Windows
- Private Rooms:
 - ☐ ☐ check if not included in unit
 - ☐ window to outside environment in each patient room
- Open Area:
 - ☐ ☐ check if not included in unit
 - ☐ max. distance to outside window 50 feet
 - ☐ no more than 2 vision panels to outside window
- (4) ☐ Provisions for privacy for each patient bed area
- ☐ View windows to corridor at all private rooms
- ☐ Space for visitors provided at each patient bedside

3.4.2.4(6)☐ Space for patient monitoring equipment**3.4.2.4(2)**☐ Documentation space**(a)**

- ☐ charting surface
- ☐ computer monitor & keyboard
- ☐ seating space for clinician
- ☐ within each patient bed area **or** ☐ adjacent to each patient bed area
- ☐ not included in required sf area

3.4.2.2
☐ **AIRBORNE INFECTION ISOLATION ROOM(S)**
 (also complete 3.4.2.1 "PATIENT BED AREAS")
3.2.2.3☐ Single bed patient room**8.2.3.4(3)**
☐ Monolithic ceiling **or** ☐ Washable clipped-down ceiling tiles

- ☐ Vent. min. 6 air ch./hr
- ☐ 3 OX, 3 VAC, 1 MA per bed
- ☐ Nurses call system
 - ☐ emerg. assistance staff station at most accessible side of bed
 - ☐ patient nurse call station/button
- ☐ Lighting as per 10.3.5.2
- ☐ Min. 7 electrical duplex receptacles at head of each bed
- ☐ 50% of receptacles on emergency power
- ☐ Handwashing stations
- Private Rooms:
 - ☐ ☐ check if not included in unit
 - ☐ 1 sink in each private room
 - ☐ sink located near entrance
- Open Area:
 - ☐ ☐ check if not included in unit
 - ☐ 1 sink per 3 beds

Mechanical ventilation (Table 2.1-2):

Isolation room

- ☐ vent. positive to toilet
- ☐ vent. negative to work area
- ☐ min. 12 air ch./hr (exhaust)
- ☐ visual monitoring of room pressure & airflow direction

2.1- ARCHITECTURAL REQUIREMENTS

- 3.2.2.4(1)** ☐ Entry through work area:
 ☐ alcove directly **or** ☐ alcove directly
 ☐ inside the room ☐ outside the room
 ☐ handwashing station ☐ handwashing station
 ☐ clean storage ☐ clean storage
 ☐ soiled holding ☐ soiled holding
- 3.2.2.4(2)** ☐ Door self-closing
- 3.2.2.4(3)** ☐ Toilet space

**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**

- Work area (open or enclosed)
☐ vent. negative to corridor
☐ vent. positive to isol. room
☐ min. 10 air ch./hr
☐ all air exhausted directly to outdoors
- ☐ Separate handwashing station
☐ Vent. min. 10 air ch./hr (exhaust)
☐ Bedpan flushing device
☐ Emerg. pull-cord call station

3.4.2.3 DIAGNOSTIC, TREATMENT & SERVICE AREAS

(located outside the critical care unit)

- ☐ Laboratory ☐ Respiratory Therapy
☐ Radiology ☐ Pharmacy

3.4.2.4 SUPPORT AREAS (A)(located within the critical care unit)

- 2.3.1** ☐ Administrative center or nurse station
☐ space for counters & storage
- A3.4.2.4** ☐ centralized nurses station
 ☐ located for direct observation of all patients
 ☐ space for counters & storage
 ☐ visual observation of all patients
or
☐ decentralized staffed charting stations
 ☐ located for direct observation of patients
 ☐ space for counters & storage
 ☐ visual observation of all patients
- 3.4.2.4(6)** ☐ Space for patient monitoring equipment
- 3.4.2.4(2)** ☐ Information review area
(b) ☐ charting surface
☐ access to information/communication systems
- 3.4.2.4(3)** ☐ Office space for managing & administrative personnel
- 3.4.2.4(4)** ☐ Staff & patient family multipurpose room
- 2.3.4.1** Medication station
☐ Medicine prep. room **or** ☐ Self-contained medicine
 ☐ visual control from dispensing unit
 ☐ nurses station ☐ adequate security for
 ☐ work counter ☐ controlled drugs
 ☐ handwashing station ☐ adequate lighting
 ☐ refrigerator ☐ convenient access
 ☐ locked storage ☐ to handwashing station
- 3.4.2.4(7)** ☐ X-Ray viewing facility
- 3.4.2.4** ☐ Equipment storage room/alcoves
(12)(b) ☐ total combined floor area min. 20 sf/bed
- 2.3.9.3** ☐ Stretcher/wheelchair storage
☐ out of the path of normal traffic
- 2.3.9.4** ☐ Emergency equipment storage
- 3.4.2.4** ☐ Housekeeping room
(13)
- ☐ Convenient access to handwashing station
☐ Nurses call annunciator panel
- ☐ Duty station visible call signal
- ☐ Vent. min. 4 air ch./hr
☐ Emergency power/lighting
☐ Duty station visible call signal
- ☐ Vent. min. 4 air ch./hr
☐ Duty station visible call signal
- ☐ Service sink
☐ Vent. min. 10 air ch./hr (exhaust)

2.1- ARCHITECTURAL REQUIREMENTS

- 2.3.7** ☐ Clean workroom **or** ☐ Clean supply room
 ☐ counter (for holding clean & sterile materials)
 ☐ handwashing station ☐ storage facilities
 ☐ storage facilities

- 2.3.8.1** ☐ Soiled workroom
 ☐ work counter
 ☐ space for holding soiled linen & solid waste

- 2.3.9.1** ☐ Clean linen storage

SUPPORT AREAS (B)

(may be shared by adjacent critical care units)

- 2.3.5** ☐ Nourishment area
 ☐ work counter
 ☐ storage cabinets
 ☐ refrigerator
 ☐ equipment for hot nourishment
 ☐ space for holding dietary trays
- 2.3.6** ☐ Ice machine
- 3.4.2.5(1)** ☐ Staff lounge
 (a) ☐ located for quick recall to patient bed areas
 (c) ☐ secure storage for staff personal items
 (d) ☐ staff nourishment facilities
- ☐ Staff toilet room

- 2.4.3** ☐ Secure storage for staff personal items

- 3.4.2.5(3)** ☐ Staff accommodations
 ☐ on-call rooms
 ☐ toilet room
 ☐ shower

- 3.4.2.6(1)** ☐ Visitor waiting room
 ☐ sized for 1 seat per patient bed
 ☐ convenient access to public telephones
 ☐ provisions for privacy
 ☐ public toilet room conveniently accessible from visitor lounge

**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**

- ☐ Vent. min. 4 air ch./hr
☐ Duty station visible call signal
- ☐ Clinical flushing-rim sink
☐ Handwashing station
☐ Vent. min. 10 air ch./hr (exhaust)
☐ Duty station visible call signal
☐ Vent. min. 2 air ch./hr
☐ Duty station visible call signal

- ☐ Handwashing station
 conveniently accessible
☐ Vent. min. 4 air ch./hr
☐ Duty station visible call signal

- ☐ Duty station visible call signal
 (emergency code)

- ☐ Handwashing station
☐ Vent. min. 10 air ch./hr (exhaust)

- ☐ Telephone link with patient unit

- ☐ Handwashing station
☐ Vent. min. 10 air ch./hr (exhaust)

- ☐ Handwashing station
☐ Vent. min. 10 air ch./hr (exhaust)
☐ Emerg. pull-cord call station

2.1- ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS****3.4.3****CORONARY CRITICAL CARE
UNIT**

☐ check if service not included in facility
 (also complete "COMMON REQUIREMENTS FOR CRITICAL
 CARE UNITS" Pages 2, 3 & 4)

3.4.3.1☐ Separate room provided for each coronary patient**3.4.3.2**☐ Toilet provided in each coronary patient room☐ 3 OX, 3 VAC, 1 MA☐ Handwashing station☐ Vent. min. 10 air ch./hr (exhaust)**3.4.4****COMBINED MED/SURG & CORONARY CRITICAL CARE UNIT**

☐ check if service not included in facility
 (also complete "COMMON REQUIREMENTS FOR CRITICAL
 CARE UNITS" Pages 2, 3 & 4)

☐ at least 50% of beds in private rooms or cubicles, with
 private toilets

3.4.5**PEDIATRIC CRITICAL CARE UNIT**

☐ check if service not included in facility
 (also complete "COMMON REQUIREMENTS FOR CRITICAL
 CARE UNITS" Pages 2, 3 & 4)

3.4.5.2(1)

☐ Space for parents at patient bedside in addition to
 required floor area & clearances

☐ Parent sleeping space**3.4.5.2(2)**☐ Consultation/demonstration room

☐ within unit **or** ☐ convenient to unit

3.4.5.2(3)☐ Provisions for formula storage☐ Separate storage for toys & games☐ Storage for cots, linen, etc. to accommodate parents**2.3.9.2**☐ Equipment storage room☐ min. 10 sf/bed☐ Vent. min. 4 air ch./hr☐ Duty station visible call signal**3.4.5.3/****3.1.3**

☐ Exam/treatment room **or** ☐ each patient room is
☐ min. 120 sf single-bed room
☐ storage
☐ writing surface
☐ provides for privacy
☐ when door is open

☐ Handwashing station☐ 1 OX & 1 VAC☐ Vent. min. 6 air ch./hr☐ Min. 2 elect. duplex receptacles☐ Staff call station

GENERAL STANDARDS**DETAILS AND FINISHES**Corridors

▷ New Construction or Renovations for New Inpatient Corridor*

___ Min. corridor width 8'-0" (NFPA 101)

▷ Renovations to Existing Inpatient Corridor*

___ Min. corridor width 8'-0" except for existing structural elements & existing mechanical shafts
___ Min. corridor width at temporary construction partitions is 5'-0"

*No waivers accepted

___ Min. staff corridor width 5'-0" (8.2.2.1(1))

___ Fixed & portable equipment does not reduce required corridor width (8.2.2.1(2))

___ Work alcoves include standing space that does not interfere with corridor width (Policy)

☐ check if function not included in unit

Ceiling Height (8.2.2.2)

___ Ceiling height min. 7'-10", except:

___ 7'-8" in corridors, toilet rooms, storage rooms
___ sufficient for ceiling mounted equipment
___ min. clearance under suspended pipes/tracks:
___ 7'-0" AFF in bed/stretcher traffic areas
___ 6'-8" AFF in other areas

Doors (8.2.2.3)

___ All doors are swing-type

___ Patient rooms doors min. 3'-8"w x 7'-0"h

___ Doors for stretchers or wheelchairs min. 2'-10" wide

___ Doors to occupiable rooms do not swing into corridors

___ Patient room doors (3.4.2.1(7)(a))

___ min. width 4'-0"

___ do not interfere with movement of beds/equipt.

___ sliding doors to patient rooms

☐ check if no sliding doors are provided

___ no floor tracks

___ outswinging capability

Operable Windows (8.2.2.5)

☐ check if all windows are fixed

___ Window operation prohibits escape or suicide

___ Insect screens

Glazing (8.2.2.7)

___ Safety glazing or no glazing under 60" AFF & within 12" of door jamb

Handwashing Stations (8.2.2.8)

___ Handwashing sink

___ Soap dispenser

___ Hand drying facilities

Grab Bars (8.2.2.9)

___ Grab bars in all patient toilets facilities

___ 1½" wall clearance

___ 250 lb. Capacity

Noise Reduction

___ Noise reduction at patient rooms as per Table 2.1-1

Floors

___ Thresholds & exp. joints flush with floor surface (8.2.2.4)

___ Floors easily cleanable & wear-resistant (8.2.3.2)

___ Non-slip floors in wet areas

___ Wet cleaned flooring resists detergents

Walls (8.2.3.3)

___ Wall finishes are washable

___ Smooth/water-resist. finishes at plumbing fixtures

PLUMBING (10.1)

___ Handwashing sinks

___ hot & cold water

___ anchored to withstand 250 lbs. (8.2.2.8)

___ wrist controls or other hands-free controls at all handwashing sinks (1.6-2.1.3.2)

___ Dialysis piping (10.1.2.2)

☐ check if function not included in unit (if dialysis is not routinely performed)

___ separate water supply

___ separate drainage system

___ Medical gas outlets provided per Table 2.1-5

MECHANICAL (10.2)

___ Mech. ventilation provided per Table 2.1-2

___ Exhaust fans located at discharge end (10.2.4.3)

___ Fresh air intakes located at least 25 ft from exhaust outlet or other source of noxious fumes (10.2.4.4)

___ Contaminated exhaust outlets located above roof

___ Ventilation openings at least 3" above floor

___ Central HVAC system filters provided per Table 2.1-3

ELECTRICAL (10.3)

___ Emergency power provided to all essential services complies with NFPA 99, NFPA 101 & NFPA 110 (10.3.4.1)

___ nurses call system connected to emergency power circuits

___ electronic sink controls connected to emergency power circuits (10.3.6.3)

☐ check if function not included in unit

___ Duplex, grounded receptacles max. 50 feet apart in corridors, max. 25 feet from corridor ends (10.3.7.1)